

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Dkt. No.	2951-140
		First Named Inventor	Gudrun Rappold-Hoerbrand
Declaration  Submitted with Initial Filing      Submitted after Initial Filing		COMPLETE IF KNOWN	
		Application No.	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: USE OF NATRIURETIC PEPTIDES FOR THE TREATMENT OF STATURE DISORDERS RELATED TO THE SHOX GENE; the specification of which was filed on January 12, 2004 as PCT International Application Number PCT/EP2004/000134 and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
03 000 728.0	EP	January 3, 2003		No

I/We hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gudrun		Family Name or Surname RAPPOLD- HOERBRAND	
Inventor's Signature <i>Gudrun Rappold</i>		Date <i>June 21, 2005</i>	
Residence: City Heidelberg	State	Country Germany	Citizenship German
Mailing Address Hausackerweg 14			
Mailing Address			
City Heidelberg	State	Zip 69118	Country Germany

<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Beate		Family Name or Surname HAECKER	
Inventor's Signature <i>Beate Haeker</i>		Date <i>June 22, 2005</i>	
Residence: City Dossenheim	State	Country Germany	Citizenship German
Mailing Address Bergstrasse 34b			
Mailing Address			
City Dossenheim	State	Zip 69221	Country Germany